

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

REQUEST FOR PATENT FEE REFUND			
1 Date of Request: _____		2 Serial/ Patent # _____	
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED
		6 AMOUNT	
	Filing		\$
	Amendment		\$
	Extension of Time		\$
	Notice of Appeal/Appeal		\$
	Petition		\$
	Issue		\$
	Cert of Correction/Terminal Disc.		\$
	Maintenance		\$
	Assignment		\$
	Other		\$
		7 TOTAL AMOUNT OF REFUND	\$
8 TO BE REFUNDED BY:			
		Treasury Check	
		Credit Deposit A/C #:	
		9	_____
10 REASON:			
Overpayment			
Duplicate Payment			
No Fee Due (Explanation):			
11 REFUND REQUESTED BY:			
TYPED/PRINTED NAME: _____		TITLE: _____	
SIGNATURE: _____		Adjustment Date: 03/01/2003 PRIDWELL 03/23/2003 AIRAH1 08080808 141270 105278 02 PHONE: 500.00 CR	
OFFICE: *****			
THIS SPACE RESERVED FOR FINANCE USE ONLY:			
APPROVED: _____		DATE: _____	

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**